

<i>SERFF Tracking Number:</i>	<i>GRTT-126230834</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42941</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002 Dread Disease</i>
<i>Product Name:</i>	<i>OCG0330-AR (R. 05/09)</i>		
<i>Project Name/Number:</i>	<i>20 Yr ROP Outline for Platinum/</i>		

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: OCG0330-AR (R. 05/09) SERFF Tr Num: GRTT-126230834 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 42941

- Limited Benefit

Sub-TOI: H07I.002 Dread Disease

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Ann Ryan

Disposition Date: 07/21/2009

Date Submitted: 07/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 20 Yr ROP Outline for Platinum

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Pending in IL, our state of domicile

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/21/2009

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir or Madam:

We are filing, for your information, a revised outline of coverage for a previously approved specified disease product, G0330A-AR, which was approved by your Department on September, 7, 2006.

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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002 Dread Disease</i>
<i>Product Name:</i>	<i>OCG0330-AR (R. 05/09)</i>		
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This outline of coverage differs from that previously approved in that the Return of Premium rider we now intend to market with this product is RG04ROP, which was approved by your Department on December 16, 2004 for another previously approved specified disease product, G0430-AR.

The rating factors for RG04ROP, which are approved and on file with your Department will also be used when rider RG04ROP rider is solicited with the G0330 specified disease product.

As always, your prompt consideration of this filing for approval is most sincerely appreciated.

Very Truly Yours,

Ann Ryan, HIA
Product Approval and Compliance

Company and Contact

Filing Contact Information

Ann Ryan,	aryan@gtlic.com
1275 Milwaukee Ave.	(847) 904-5587 [Phone]
Glenview, IL 60025	(847) 699-0093[FAX]

Filing Company Information

Guarantee Trust Life Insurance Company	CoCode: 64211	State of Domicile: Illinois
1275 Milwaukee Avenue	Group Code: 687	Company Type: Mutual
1275 Milwaukee Avenue		
Glenview, IL 60025	Group Name:	State ID Number:
(847) 460-4772 ext. [Phone]	FEIN Number: 36-1174500	

Filing Fees

Fee Required?	No
Retaliatory?	No

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<i>Project Name/Number:</i>	<i>20 Yr ROP Outline for Platinum/</i>		
Fee Explanation:			
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$0.00	07/15/2009	

SERFF Tracking Number:	GRTT-126230834	State:	Arkansas
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Company Tracking Number:			
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	OCG0330-AR (R. 05/09)		
Project Name/Number:	20 Yr ROP Outline for Platinum/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/21/2009	07/21/2009

SERFF Tracking Number:	GRTT-126230834	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	42941
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Product Name:	OCG0330-AR (R. 05/09)		
Project Name/Number:	20 Yr ROP Outline for Platinum/		

Disposition

Disposition Date: 07/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GRTT-126230834* *State:* *Arkansas*
Filing Company: *Guarantee Trust Life Insurance Company* *State Tracking Number:* *42941*
Company Tracking Number:
TOI: *H071 Individual Health - Specified Disease -* *Sub-TOI:* *H071.002 Dread Disease*
 Limited Benefit
Product Name: *OCG0330-AR (R. 05/09)*
Project Name/Number: *20 Yr ROP Outline for Platinum/*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	07/21/2009
Comments:	Flesch certification for OCG0330-AR (R. 05/09)			
Attachment:	readcert.pdf			
Bypassed -Name:	Application	Review Status:	Approved-Closed	07/21/2009
Bypass Reason:	Not applicable			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	07/21/2009
Bypass Reason:	Not applicable			
Comments:				
Satisfied -Name:	Outline of Coverage	Review Status:	Approved-Closed	07/21/2009
Comments:	Outline of Coverage			
Attachment:	OCG0330 (R0509).pdf			

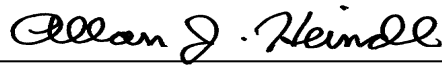
CERTIFICATE OF READABILITY

Form Number(s): OCG0330-AR (R. 05/09)

Flesch Test Score(s): 41.0

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date: July 15, 2009

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue

Glenview, Illinois 60025

SPECIFIED DISEASE COVERAGE

First Diagnosis Cancer Policy

OUTLINE OF COVERAGE

For Policy Form G0330

With optional riders

[RG03HA5 – First Diagnosis Heart Attack or Stroke Benefit]

[RG04ROP - Return of Premium Benefit - 20 Year]

[RG04SLS(A) – Supplemental Lump Sum Benefit]

KEEP THIS OUTLINE OF COVERAGE FOR YOUR RECORDS

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY – This outline of coverage provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified disease. This policy provides coverage for loss resulting from a first diagnosis of cancer. It will also provide coverage for loss resulting from first diagnosis of heart attack or stroke if this optional benefit is included with your coverage. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

ELIGIBILITY FOR BENEFITS – Policy benefits will be payable once cancer has been first diagnosed in one of the following ways:

1. Pathological, which means a pathologist has diagnosed the cancer based upon the results of a microscopic study of fixed tissue or blood samples.; OR
2. Clinical, which means the cancer has been diagnosed based on the study of symptoms. A clinical diagnosis is accepted only when a pathological diagnosis would be detrimental to the insured's health, when there is no medical evidence to support the diagnosis, and when a doctor is treating the insured for cancer; OR
3. Other diagnosis, which is limited to the pathological interpretation of the histology of skin lesions by a Board certified dermatologist, or, in the case of lung cancer, a cytology report in lieu of a pathology report.

Waiting Period – Coverage under the policy, and the optional Heart Attack and Stroke Benefit rider if attached, is subject to a 30-day waiting period. If the first diagnosis of cancer (or heart attack or stroke) is made during the waiting period, the insured will have the option to cancel the policy and receive a refund of all premium paid.

FIRST DIAGNOSIS CANCER BENEFITS – Subject to the policy waiting period, we will pay the following benefits, dependent upon the benefit plan you choose, for loss resulting from a first diagnosis of cancer:

Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Hospital Confinement – For each day of hospital confinement Beginning with day 1 through day 90.....	\$125/day	\$250/day	\$375/day	\$500/day	\$625/day	\$750/day
Beginning with the 91 st consecutive day.....	\$250/day	\$500/day	\$750/day	\$1,000/day	\$1,250/day	\$1,500/day
Drugs and Medicines - Charges incurred while hospital confined.....	Up to \$50/day	Up to \$50/day	Up to \$50/day	Up to \$50/day	Up to \$50/day	Up to \$50/day
Attending Doctor – For services while hospital confined, charges incurred.....	Up to \$50/day	Up to \$50/day	Up to \$50/day	Up to \$50/day	Up to \$50/day	Up to \$50/day
Private Nurse - For full-time services of a nurse while hospital confined, other than those nursing services regularly furnished by a hospital, charges incurred.....	Up to \$160/day	Up to \$160/day	Up to \$160/day	Up to \$160/day	Up to \$160/day	Up to \$160/day

Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Ambulance – For transportation to or from a hospital where you are confined as an inpatient, charges incurred..... Benefit limited to 4 trips per calendar year	Up to \$250/trip	Up to \$250/trip	Up to \$250/trip	Up to \$250/trip	Up to \$250/trip	Up to \$250/trip
Outpatient Diagnostic Laboratory/Biopsy For treatment planning/management, or any type of lab tests, x-rays, biopsy or other imaging or diagnostic tests for diagnosis or disease monitoring, charges incurred.....	Up to \$500 per calendar year	Up to \$500 per calendar year	Up to \$500 per calendar year	Up to \$500 per calendar year	Up to \$500 per calendar year	Up to \$500 per calendar year
Surgical Procedure –For surgery performed by a doctor due to cancer, according to the policy surgical schedule.....	Up to \$3,750	Up to \$7,500	Up to \$11,250	Up to \$15,000	Up to \$18,750	Up to \$22,500
Anesthesia - For anesthesia during a surgery for which a surgical benefit is payable.....	25% of surgical procedure	25% of surgical procedure	25% of surgical procedure	25% of surgical procedure	25% of surgical procedure	25% of surgical procedure
Blood and Plasma – For blood and plasma, other than your own blood, received during definitive treatment of cancer.....	Up to \$250/day	Up to \$250/day	Up to \$250/day	Up to \$250/day	Up to \$250/day	Up to \$250/day
Skilled Nursing Facility – For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital, charges incurred.....	Up to \$160/day	Up to \$160/day	Up to \$160/day	Up to \$160/day	Up to \$160/day	Up to \$160/day
Family Member Transportation – Coach class plane, train or bus expense on a regularly scheduled route for a family member when you are confined in a hospital located in the U.S. which is more than 100 miles one-way from a family member's home, charges incurred..... For travel by automobile..... Benefit is limited to two one-way trips within the U.S. per period of confinement	Up to \$1,500/trip \$.40/mile	Up to \$1,500/trip \$.40/mile	Up to \$1,500/trip \$.40/mile	Up to \$1,500/trip \$.40/mile	Up to \$1,500/trip \$.40/mile	Up to \$1,500/trip \$.40/mile
Non-Local Patient Transportation – Coach class plane, train or bus expense on a regularly scheduled route within the U.S. to receive cancer treatment or consultation that is not available within 100 miles one-way from your home, charges incurred..... For travel by automobile.....	Up to \$1,500 Lifetime \$.40/mile	Up to \$1,500 Lifetime \$.40/mile	Up to \$1,500 Lifetime \$.40/mile	Up to \$1,500 Lifetime \$.40/mile	Up to \$1,500 Lifetime \$.40/mile	Up to \$1,500 Lifetime \$.40/mile
Family Member Lodging – For lodging expense incurred by a family member while you are confined as an inpatient for treatment of cancer in a hospital that is located in the U.S. and is more than 100 miles one-way from the family member's home, charges incurred.....	Up to \$75/day	Up to \$75/day	Up to \$75/day	Up to \$75/day	Up to \$75/day	Up to \$75/day
Educational Services – For self-management education and counseling programs to educate you and your primary caregiver to care for your needs as a result of cancer, charges incurred..... Benefit is limited to 12 sessions a calendar year	Up to \$75/session	Up to \$75/session	Up to \$75/session	Up to \$75/session	Up to \$75/session	Up to \$75/session
Second & Third Surgical Opinion – For a second and third doctor's opinion if recommended due to a positive diagnosis of cancer, charges incurred.....	Up to \$200/each	Up to \$200/each	Up to \$200/each	Up to \$200/each	Up to \$200/each	Up to \$200/each

Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Physical / Speech Therapy – For therapies needed as a direct result of cancer, charges incurred.....	Up to \$25/day	Up to \$25/day	Up to \$25/day	Up to \$25/day	Up to \$25/day	Up to \$25/day
Experimental Treatment – For approved experimental treatments (drugs, surgery or therapy) received in the U.S, charges incurred.....	Up to \$2,500 Lifetime	Up to \$5,000 Lifetime	Up to \$7,500 Lifetime	Up to \$10,000 Lifetime	Up to \$12,500 Lifetime	Up to \$15,000 Lifetime
Mental Health Benefit – Counseling services for mental and nervous disorders needed as a result of cancer, charges incurred..... Benefit is limited to 5 sessions a calendar year	Up to \$75/session	Up to \$75/session	Up to \$75/session	Up to \$75/session	Up to \$75/session	Up to \$75/session
Hospice - Hospice services when you are diagnosed as terminally ill, charges incurred... Benefit is limited to 90 days	Up to \$62.50/day	Up to \$125/day	Up to \$187.50/day	Up to \$250/day	Up to \$312.50/day	Up to \$375/day
Radiation / Chemotherapy - For radiation or chemical treatments which are part of definitive treatment, charges incurred.....	Up to \$100/day	Up to \$200/day	Up to \$300/day	Up to \$400/day	Up to \$500/day	Up to \$600/day
Skin Cancer – For surgery needed for the definitive treatment of cancer, charges incurred.....	Up to \$113	Up to \$226	Up to \$339	Up to \$452	Up to \$565	Up to \$678
Comfort Benefit (Outpatient Drugs) – For anti-nausea medication prescribed by a doctor, charges incurred.....	Upto \$75/per calendar year	Upto \$150/per calendar year	Upto \$225/per calendar year	Upto \$300/per calendar year	Upto \$375/per calendar year	Upto \$450/per calendar year
Prosthesis - For prosthetic devices needed as the direct result of a cancer surgery for which benefits were paid under the policy, charges incurred.....	Up to \$1,250 Lifetime	Up to \$2,500 Lifetime	Up to \$3,750 Lifetime	Up to \$5,000 Lifetime	Up to \$6,250 Lifetime	Up to \$7,500 Lifetime
Wig / Hairpiece – For wig or hairpiece needed as the direct result of cancer treatment, charges incurred.....	Up to \$250 Lifetime	Up to \$250 Lifetime	Up to \$250 Lifetime	Up to \$250 Lifetime	Up to \$250 Lifetime	Up to \$250 Lifetime
Bone Marrow Transplant – For human bone marrow transplant charges incurred After coverage has been in force for one year, the initial bone marrow transplant benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such increases will continue to take place on each policy anniversary for a period not to exceed 10 years.	Up to \$6,250 Lifetime	Up to \$12,500 Lifetime	Up to \$18,750 Lifetime	Up to \$25,000 Lifetime	Up to \$31,250 Lifetime	Up to \$37,500 Lifetime
Stem Cell Transplant – For a human stem cell transplant for the treatment of cancer.....	Up to \$2,500 Lifetime	Up to \$5,000 Lifetime	Up to \$7,500 Lifetime	Up to \$10,000 Lifetime	Up to \$12,500 Lifetime	Up to \$15,000 Lifetime
First Diagnosis Lump Sum Benefit – Single lump sum benefit payable upon a first diagnosis of cancer.....	Up to \$625 Lifetime	Up to \$1,250 Lifetime	Up to \$1,875 Lifetime	Up to \$2,500 Lifetime	Up to \$3,125 Lifetime	Up to \$3,750 Lifetime
Waiver of Premium – Premium payments will not be required if you are diagnosed as having cancer after the waiting period and while covered under the policy and are disabled due to cancer for more than 90 consecutive days. The disability must begin on or after the date of diagnosis.	Included	Included	Included	Included	Included	Included

[OPTIONAL HEART ATTACK OR STROKE BENEFIT RIDER – When this rider is included in coverage, we will pay the same benefits¹ as those outlined above when an insured is first diagnosed with a heart attack or stroke. Benefits are subject to the policy's waiting period.]

[OPTIONAL RETURN OF PREMIUM BENEFIT RIDER (FORM RG04ROP - 20 YEARS) – If your coverage under the policy ends, due to cancellation or death, we will return the actual amount of premium paid equal to:

1. The sum of all premiums paid for the policy, including premiums paid for the rider and any other benefits riders attached to this rider;
2. Minus the sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

To determine the return of premium percentage, we'll consider: (1) when your coverage under the policy (with this rider) ends; (2) your issue age at the beginning of the return of premium period and the number of years the policy and other benefit riders have been in force (with the rider); and (3) the return of premium percentage. The applicable issue age and number of years the policy (with the rider) has been in force and the return of premium percentages are as follows:

<u>Issue Age</u>	<u>Return of Premium Percentage</u>
18 through 64	100% after 20 rider years, or the attainment of age 75, whichever is earlier
65 and over	100% after 10 rider years and beyond]

[OPTIONAL SUPPLEMENTAL LUMP SUM BENEFIT RIDER – When this rider is included in coverage, we will pay a supplemental lump sum benefit once the insured meets the eligibility for benefits conditions of the policy, or Heart Attack or Stroke Benefit rider if attached and provides proof of loss. The supplemental lump sum benefit is payable in addition to any lump sum benefit payable under the policy, or Heart Attack or Stroke Benefit rider, if applicable.]

EXCLUSIONS

The policy does not pay benefits for:

1. any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to cancer as defined;
2. care outside the United States ;
3. experimental drugs or substances not approved by the Federal Food & Drug Administration for the treatment of cancer;
4. experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of this policy;
5. courses of treatment available without a doctor's prescription; or
6. treatment, services or supplies received from the insured's Immediate Family.

If coverage includes the First Diagnosis Heart Attack and Stroke Benefit rider, coverage is also excluded for:

1. any loss due to injury or sickness unless such condition is directly related to or attributable to the heart attack or stroke; and
2. experimental drugs or substances not approved by the Federal Food and Drug Administration for the treatment of heart attack or stroke.

If coverage includes the Supplemental Lump Sum Benefit Rider, benefits under this rider are excluded for a diagnosis of skin cancer, except where such diagnosis is malignant melanoma.

RENEWABILITY - THIS POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. We cannot change any of the terms of your policy on our own, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY. We can only change the premium if we change it for all policies like yours in your state on a class basis. We'll provide you with written notice at least 31 days before any premium change becomes effective.

Filing Note: *Bracketed Text is indicated for those benefits which are being filed as variable. These benefits are not currently mandated to be offered and the company reserves the right to discontinue marketing these riders in the future.*

¹ Benefits specifically related to the treatment or management of cancer, such as radiation / chemotherapy, skin cancer, bone marrow transplant, stem cell transplant, comfort benefit (outpatient drugs), prosthesis, wig / hairpiece and hospice are not eligible for payment under the Heart Attack or Stroke Benefit Rider.